

ARIZONA INFANT DEATH SCENE INVESTIGATION CHECKLIST INSTRUCTIONS

Scene Investigated by- Name of the person responsible for the death scene investigation.

Agency: Name of the agency that the person works for. Phone Number: Telephone number where the scene investigator can be reached.

County: County of the infant death investigation.

A. GENERAL INFORMATION

1. Infant's Name- Include the infant's first, middle and last names. Also known as (a.k.a.) can be added if this is appropriate. Sex- Indicate whether the infant is male or female. Age- Age of the infant in months or days at the time of death. Date of Birth- Month, date and year of the infant's birth.
2. Date of Death- Actual date of the infant's death. Time of Death- Actual time infant died. Location- Identify where the infant's death occurred, (i.e. home, day care, relative's home, etc.) Give the address, including city.
3. Father's Name- Indicate the first, middle and last names of the infant's father. Age of the father in years. Usual occupation of the father.
4. Mother's Name- Indicate the first, middle and last names of the infant's mother. Age of the mother in years. Usual occupation of the mother.
5. Siblings- If yes, indicate ages.
6. Home Address - If different from the location of death, indicate the home address, including city and state.
7. Pediatrician (Family Physician)- Name of the physician who was providing the infant's ongoing health care. Phone- Indicate the physician's phone number.

B. PAST HISTORY

1. Birth Weight- Weight of the infant at the time of birth in pounds and ounces. Prematurity- If premature, indicate# of weeks premature.
2. Place of Birth- Indicate the hospital and City/ State where the infant was born.
3. Difficulty with pregnancy/delivery- Answer yes or no. If yes, explain.
4. Smoking during pregnancy- Indicate if any household member smoked tobacco during this pregnancy. If yes, identify relationship to infant. Drugs during pregnancy- Indicate if any household member abused drugs during this pregnancy. If yes, identify relationship to infant and type of drug.
5. Hospitalization/ Emergency Care- Indicate if the infant has been admitted to the hospital or seen in an emergency room. Explain the reasons for hospital admission or emergency room visit.
6. Indicate if infant had any unusual sleeping habits, if infant ever turned blue or stopped breathing, and if infant had seizures or convulsion. If yes, explain.
7. Other medical conditions noted- Answer yes or no. If yes, explain.
8. Immunization- Indicate if the infant received any immunizations. Indicate if immunizations are up to date and the date of last immunization.
9. History of other child deaths in the family. If yes, identify where, cause of death, and age of child at death.

C. RECENT HISTORY

1. Type of feeding- What type of feeding did the infant regularly receive? Check appropriate box. Last feeding- Indicate the time of the last feeding. What- Indicate what the infant consumed.
2. Recent Illness- Answer yes or no. If yes, check the box corresponding to the condition. Other-Describe other conditions not listed. Medicine- Indicate name of medication or home remedy. Amount- Amount infant was given. Time- Indicate the time medicine was given to infant. Collect all medication or home remedy containers for submission to Medical Examiner.
3. Chemicals- Indicate if the infant was exposed to any chemicals or noxious agents. What- Describe chemical. When- Give date of exposure.
4. Sickness in the household- Indicate if family members or close contacts have exposed the infant to any recent illnesses. Who – Indicate relationship. Illness– Type of illness.
5. Injury or fall- Indicate if the infant had a recent accident. If yes, explain.
6. Recent caregivers- Answer yes or no. If yes, indicate relationship with infant.
7. Last date infant was seen by medical provider– Indicate date. Where- Indicate medical center or physician name. Reason- Indicate why infant was seen.

D. SCENE - (Ask person who discovered the infant)

1. Last seen alive- Indicate the time and circle AM or PM. Behavior - Indicate if infant's behavior was normal. If no, describe infant's behavior.
2. Who discovered the infant- Name and relationship of the individual and time this occurred.
3. Position when found- Indicate infant's position when found. (Check the appropriate box) Position when put to bed-Indicate the position of the infant when put to sleep. (Check the appropriate box) Clothing-Describe what was infant wearing. Covering- Describe how was infant covered.
4. Nose or mouth obstruction- Answer yes or no. If yes, indicate what was causing the obstruction.
5. Infant's sleeping environment- Describe the infants sleeping environment. Other category may include infant carrier, car seat, floor, sofa, swing, etc. Items in bed with infant- Note any items in the bed or immediate sleeping environment. Room Temperature- Indicate if room was cold, hot or normal.
6. Sleeping arrangement- Indicate if infant was sleeping alone. If no, identify co-sleepers. Weight – estimate weight of co-sleepers(s). Drug or alcohol usage- Indicate if co-sleepers used drugs or alcohol. Answer yes or no. If yes, explain.
7. Infant's temperature- Check appropriate box.
8. Attempts to revive infant- Check appropriate box. If yes, note by whom. Time of attempt- Indicate time. Method of attempts- Check appropriate box. Other– Describe other types of attempts if not listed.
9. Household or day care smokers- Answer yes or no. If yes, indicate the relationship to infant.

COMMENTS

Use this space to elaborate on questions above or anything unusual. List the medication or home remedies identified in Section C #2. Attach additional sheets when necessary.

ROUTING INSTRUCTIONS – First responders keep the original. Send yellow copy to County Medical Examiner's Office. Send pink copy to Arizona Department of Health Services. The address is listed below. Please call (602) 542-1875 if any additional information is needed.

Arizona Department of Health Services
Office of Women & Children's Health
Unexplained Infant Death Council
150 N. 18th Avenue, Suite 320 Phoenix, AZ 85007
Fax: (602) 542-1843